


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90138 018 \*\*\*150.00

**DOCUMENT # G85029**  
1. Entity Name  
**AMELIA INSURANCE AGENCY, INC.**



Principal Place of Business  
2384 SADLER ROAD  
P.O. BOX 1098  
FERNANDINA BEACH FL 32034

Mailing Address  
PO BOX 16599  
FERNANDINA BEACH FL 32034



2. Principal Place of Business  
**2384 SADLER Rd**

3. Mailing Address

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Fernandina Beach FL**

City & State

Zip  
**32034**

Country

4. FEI Number  
**59-2372510**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHEFFIELD, GEORGE W JR.**  
**2795 OCEAN OAKS DR N**  
**FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**131 Marsh Lakes Drive**

City **Fernandina Beach** **FL** Zip Code **32034**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	<b>SHEFFIELD, BARBARA A</b>
STREET ADDRESS	<b>1560 CANOPY DRIVE</b>
CITY-ST-ZIP	<b>FERNANDINA BCH. FL 32034</b>
TITLE	V <input type="checkbox"/> Delete
NAME	<b>SHEFFIELD GEORGE W.SR.</b>
STREET ADDRESS	<b>1560 CANOPY DR</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL 32034</b>
TITLE	PT <input type="checkbox"/> Delete
NAME	<b>SHEFFIELD, GEORGE W. JR.</b>
STREET ADDRESS	<b>2795 OCEAN OAKS DR N</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *George W. Sheffield Jr.* 1-19-03 904-432-1057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)